## SCDHEC Dead Bird Submission and Reporting Sheet for West Nile Virus

(Revised March 2004)

	Specimen No.		
	Date Received	/	/ 20
Initials:;	D: .: D .	_/	/ 20

- See instruction sheet for determining if the dead bird(s) should be submitted and for shipping instructions.
- If more than one bird of the same species is being submitted from the same dead bird site, complete and submit only one information sheet. Submit separate sheets for each different species.
- Exception: Fill out an individual sheet for a bird that was euthanized, and mark the bag so it can be identified.

  NOTE: The "boxed" areas will be completed at the SCDHEC Bureau of Laboratories.

Species of dead bird(s) [common name]: Date bird was first seen: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_\_; Date bird was collected: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_\_ Number of dead birds seen: Number of dead birds submitted: Was the bird found ill and later euthanized?  $\square$  YES  $\square$  NO..... If bird was euthanized, what substance or method was used? (1) State: County: Town: Zip Code: Location of Specific Dead Bird Location Site (If not a street address, give directions)-If needed, draw map on back of form  $\Box$ . •  $^{\circ}$  (X; Longitude), N\_\_\_\_\_ • (Y; Latitude) (2) Name Person Address Reporting Dead City, State Zip Bird(s) (P) \_\_\_\_\_ - \_\_\_ (F) \_\_\_ - \_\_\_ - \_\_\_\_ Phone E-mail (3) Name Person & Agency Agency Address Submitting City, State Zip this Form Phone & FAX E-mail □ WNV POSITIVE (pos) □ WNV NEGATIVE (neg) □ UNACCEPTABLE FOR TESTING:  $\square$  too decomposed;  $\square$  not testing this species;  $\square$  not currently testing birds in this area Date of Results / / 20 ; Date of Notification / / 20